

<b>MSFC CUSTOMER FEEDBACK</b>			Date of Feedback:							
<b>Please MAIL to: QS01/NASA, Marshall Space Flight Center; Huntsville, AL 35812 OR submit your responses ON-LINE to our web site at: <a href="https://msfcsma3.msfc.nasa.gov/dbwebs/apps/qualcomm/nuqualc.taf?function=form">https://msfcsma3.msfc.nasa.gov/dbwebs/apps/qualcomm/nuqualc.taf?function=form</a></b>										
<i>MSFC is committed to completely satisfying our customers. Please let us know how we are doing.</i>										
1. Customer Name:			<input type="checkbox"/> Internal MSFC <input type="checkbox"/> External		2. Customer Company Name, Address, and Organization/ Department Code (as applicable):					
3. Customer Telephone Number / Extension:										
4. Customer E-Mail:										
5. MSFC Provider (Contact Name and/or Organization):					6. Provider Telephone Number:		7. Org. Code:			
8. Product or Service Provided:										
Importance of Topic to Customer			TOPIC STATEMENT BEING EVALUATED		Customer Disagreement / Agreement with Topic Statement					
Not Important	Moderately Important	Critically Important	9. Evaluation of Product/Service Provided		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
			a. The product/service was technically accurate.							
			b. The product/service was provided in a timely manner.							
			c. The product/service met specified requirements.							
			d. The product/service was of acceptable quality.							
			e. The cost was appropriate for the product/service provided.							
			f. Data/supporting documentation was clear, formatted well, and appropriate.							
			g. The product/service was performed safely and generated a safe end result.							
			h. The product/service met my needs.							
			i. The provider was responsive to my needs and suggestions.							
			j. The provider related to me in an appropriate professional manner.							
			k. All aspects of this business activity were satisfactory.							
10. Please provide your complaints, observations, or compliments:										
11. What ways could MSFC make your experience more satisfactory in the future?										
IF YOUR REQUIREMENT(S) WERE NOT MET, PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION AS APPLICABLE										
12. Requirement Document Number:										
Title:										
13. Requirement (Section/Paragraph) not met:										

IF FORM COMPLETED BY MSFC RECIPIENT FOR CUSTOMER, PROVIDE THE FOLLOWING:

14. Recipient Name:	15. Org. Code:	16. Telephone Number:
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17. Does this input duplicate a record in another Customer Satisfaction system? (If "yes", what system): ☐ Yes ☐ No

TO BE COMPLETED BY S&MA WHILE PROCESSING CUSTOMER FEEDBACK RECORD:

18. Customer Feedback Number:	19. Referenced DR / QSDN / RCAR:
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20. Action Taken:
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21. Status:	22. Closure Date:
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